



WASHINGTON STATE

# Office of the Education Ombudsman

www.waparentslearn.org

## Request for Ombudsman Services

Please fill out this form and mail it or fax it to The Office of the Education Ombudsman (OEO)  
FAX # 206-729-3251. All of the information you provide is kept confidential.

Today's Date: \_\_\_\_\_

1. Have you contacted OEO before? ☐ Yes ☐ No

2. What is your relationship to the student involved in the case?

- |  |                                       |  |                                    |
|--|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Parent ( <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Step) | <input type="checkbox"/> Teacher      | <input type="checkbox"/> Superintendent          | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Community professional  | <input type="checkbox"/> Principal    | <input type="checkbox"/> Grandparent             | <input type="checkbox"/> Attorney  |
| <input type="checkbox"/> Legal Guardian  | <input type="checkbox"/> Legislator   | <input type="checkbox"/> Relative, specify _____ |                                    |
| <input type="checkbox"/> I am the student  | <input type="checkbox"/> Other: _____ |  |                                    |

3. Your first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
☐ Ms. ☐ Mrs. ☐ Mr.

4. Your street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

5. Primary phone number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work ☐ Other  
Best time to call you (Between 8 am-5 pm, M-F): \_\_\_\_\_  
Alternative number: \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work ☐ Other

6. Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_

7. Student first name: \_\_\_\_\_ Last name: \_\_\_\_\_

8. Is the student's address the same as yours above? ☐ Yes ☐ No

If no, please provide the student's address:

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. How did you hear about the Office of the Education Ombudsman?

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Arc: _____                               | <input type="checkbox"/> Blog: _____ | <input type="checkbox"/> Board of Education: _____   |
| <input type="checkbox"/> Community Professional: _____            |                                      | <input type="checkbox"/> Doctor: _____               |
| <input type="checkbox"/> ESD or School District: _____            |                                      | <input type="checkbox"/> Facebook: _____             |
| <input type="checkbox"/> Governor's Office: _____                 |                                      | <input type="checkbox"/> Legislator's Office: _____  |
| <input type="checkbox"/> Newspaper: _____                         |                                      | <input type="checkbox"/> OEO website: _____          |
| <input type="checkbox"/> OEO Training, Workshop: _____            |                                      | <input type="checkbox"/> OSPI: _____                 |
| <input type="checkbox"/> Other Parent: _____                      |                                      | <input type="checkbox"/> Other website: _____        |
| <input type="checkbox"/> School District Staff or Official: _____ |                                      | <input type="checkbox"/> Special Education Ombudsman |
| <input type="checkbox"/> Special Education PTA: _____             |                                      | <input type="checkbox"/> Teacher: _____              |
| <input type="checkbox"/> Team Child: _____                        |                                      | <input type="checkbox"/> Television: _____           |
| <input type="checkbox"/> Twitter: _____                           |                                      | <input type="checkbox"/> Other: _____                |

10. Does the student have a disability? ☐ Yes: ☐ No

11. School Name: \_\_\_\_\_ School District: \_\_\_\_\_

12. Student gender: ☐ Male ☐ Female

13. What grade is the student in? \_\_\_\_\_

14. Is the student in any of the following programs?

☐ Alternative Education ☐ Bilingual ☐ Head Start ☐ Highly Capable

☐ Homeschooling ☐ Migrant ☐ Online School ☐ Running Start

15. Do you speak more than one language? ☐ Yes. Language Name: \_\_\_\_\_ ☐ No

If yes, do you need interpretation or translation services? ☐ Yes: ☐ No

16. Is the student receiving Special Education services? ☐ Yes ☐ No ☐ Not Sure

If yes, does the student have an IEP? ☐ Yes ☐ No ☐ Not Sure

17. Does the student have a 504 Plan? ☐ Yes ☐ No ☐ Not Sure

18. Is the student attending school? ☐ Yes ☐ No

If No: Student has been out of school since \_\_\_\_\_

19. Is the student part of the Free and Reduced Meals program? ☐ Yes ☐ No

*The information gathered in Sections 18 - 20 is for statistical purposes only.*

20. Your Race/Ethnicity:

☐ Arab, specify: \_\_\_\_\_

☐ Asian, specify: \_\_\_\_\_

☐ Bi-Racial

☐ African American

☐ Hispanic/Latino

☐ Multi-Racial

☐ Native/Indigenous, specify: \_\_\_\_\_

☐ Pacific Islander, specify: \_\_\_\_\_

☐ White

☐ Decline to identify

☐ African, specify: \_\_\_\_\_

☐ Other, specify: \_\_\_\_\_

21. Student's Race/Ethnicity:

☐ Arab, specify: \_\_\_\_\_

☐ Asian, specify: \_\_\_\_\_

☐ Bi-Racial

☐ African American

☐ Hispanic/Latino

☐ Multi-Racial

☐ Native/Indigenous, specify: \_\_\_\_\_

☐ Pacific Islander, specify: \_\_\_\_\_

☐ White

☐ Decline to identify

☐ African, specify: \_\_\_\_\_

☐ Other, specify: \_\_\_\_\_

22. Does the student speak more than one language? ☐ Yes. Language name: \_\_\_\_\_ ☐ No

If yes, does the student need interpretation or translation services? ☐ Yes: ☐ No

**23. Briefly describe the problem or situation:**

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**24. What would you like OEO to do?**

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It may be necessary for the Education Ombudsman to involve school officials in the process of resolving your concern and discuss relevant educational information. Your signature below gives permission to both the Ombudsman and school/district officials to share your name, the name of your student and other relevant information, some of which may be contained in your student's educational records, as they work towards a solution to your concerns.

I am the ☐ parent or ☐ legal guardian of the student listed below.

I am the ☐ student and my age is 18 years or older.

I hereby give the Office of the Education Ombudsman and school/district staff permission to discuss my situation and use my/my student's name and other relevant information which may be contained in educational records to help resolve my concerns/problems.

\_\_\_\_\_  
School District Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian, Name (Print)

\_\_\_\_\_  
Student (If 18 years or older), Name (Print)

\_\_\_\_\_  
Parent'/Legal guardian signature

\_\_\_\_\_  
Student signature (If 18 years or older)

***Please sign and return this form to OEO by fax at: 206-729-3251 or by mail.***

**Office of the Education Ombudsman**

155 NE 100<sup>th</sup> Street – Office 210 Seattle, WA 98125-8012

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